

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	/					
8		2				
9	/	/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17	/					
18	/					
19		/				
20		/				
21		/				
22	/					
23	/	/				
24	/	/				
25	/	/				
26	/	/				
27	/	/				
28	/	/				
29	/	/				
30	/	/				
31	/	/				
32	/	/				
33	/	/				
34	/	/				
35	/	/				
36	/	/				
37	/	/				
38	/	/				
39	/	/				
40	/	/				
41	/	/				
42	/	/				
43	/	/				
44	/	/				
45	/	/				
46	/	/				
47	/	/				
48	/	/				
49	/	/				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
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69	/					
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72	/					
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75	/					
76						
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78	/					
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82	/					
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						